Workers' Compensation Agency Qualifications Advisory Committee

Application for W.C. Appellate Commission

All applicants must fill out this form and attach a résumé and a writing sample. Send to: Qualifications Advisory Committee (Attn: Sue Bickel), Workers' Compensation Agency, P.O. Box 30016, Lansing, MI 48909. Qualifying applicants will be scheduled for an interview with the QAC.

Name				Phone		
Address				Alternate Phone		
Address				E-mail		
City		State	Zip Code	P Numb	per	
Executive Order No. 2003-1 requires that applicants must either have passed an examination or have five years of legal experience as an attorney in the field of workers' compensation. Please indicate below how you qualify: I have previously passed the examination. The approximate date on which I took the exam was						
representing claimants or employers. (ii) A significant portion of the applicant's personal practice has been in active worker's compensation appellate practice representing claimants or employers. (iii) Service as a member of the Board of Magistrates, the former worker's compensation appeals board provided for under the Worker's Disability Compensation Act of 1969, 1969 PA 317, MCL 418.101 to 418.941, the Former Worker's Compensation Appellate Commission, or the new Workers' Compensation Appellate Commission.						
each time period, in the approximate nur	of the above categories dicate the approximate mber of workers' comp strates before whom yo	percentage of ensation cases	f your working ti s that you worke	me that	was devoted to wo	
Category	Time Pe	riod	% of	Time	No. of Cases	Magistrate
Attach a résumé	and a writing samp	le.				
Signature				Date _		